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ABSTRACT

This paper describes a qualitative study involving in-depth interviews with women who identify themselves as feminist family therapists. It includes a summary of the themes identified in these three questions: How did you become a feminist family therapist? How do you DO feminist family therapy? What does it mean to be a feminist family therapist? A four-step model of feminist family therapy identity development emerged from the data. The model includes development of a personal sense of identity as feminist, awareness of sexism in the family therapy field, integration of feminist values into family therapy, and consolidation of personal and professional identity. Five components of the model are: (1) encourage a nonhierarchical client-therapist relationship, (2) include gender as a topic in therapy, (3) encourage egalitarian relationships, (4) affirm women, and (5) empower clients to change and support social change. The paper discusses the necessity of consciousness-raising experiences to bring about an awareness of sexism in family therapy and theory, as well as the assurance that feminists do not exclude men when they talk about empowerment and equality. (Contains 11 references.) (JDM)

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What Does It Mean to be a Feminist Family Therapist?

A Poster Session

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What Does It Mean To Be a Feminist Family Therapist?

By Vicky Whipple, Ed.D.

This qualitative study involved indepth interviews with women who self-identified as feminist family therapists, in response to a mailing sent to members of the Illinois Marriage and Family Therapy Association (AAMFT) and to members of IAMFT's gender and minority committee (Whipple, 1993). The thirteen participants ranged in age from 36 to 60 years and had from 5 t0 20 years of experience as family therapists at the time of the interviews. Subjects participated in one indepth interview in which they were asked three questions: How did you become a feminist family therapist? (Whipple, 1996), How do you DO feminist family therapy? (Whipple, 1999), And What does it mean to you to be a feminist family therapist?

The interviews were audiotaped and then transcribed. Participants were sent transcripts to review and make additions or corrections. Data from each of the three questions was analyzed separately and themes were identified. Validity was established by both internal and external analysis. Internally, data across all three questions were consistent; externally, themes were compared to the feminist critique of family therapy (Seidman, 1991). The remainder of this paper summarizes the themes identified for each of the three questions.

Question 1: How Did You Become a Feminist Family Therapist?

A four-step model of feminist family therapy identity development emerged from the data. This model is consistent with Downing and Roush's (1985) model of feminist identity development.

Step 1: Development of a personal sense of identity as a feminist.

Some participants felt that they had always been feminists while others identified a consciousness raising experience as an adult that spurred the identity. All were able to give explicit examples of experiences of sexism in their personal experience that heightened their sense of being a feminist.

Step 2: Awareness of sexism in the family therapy field.

Participants described experiences both in their training programs and in their professional work settings where they became aware of sexist attitudes of supervisors or employers. They also related a growing awareness of the sexism inherent in many family therapy theories.

Step 3: Integration of feminist values into family therapy theory and practice.

A number of factors played a role in assisting these feminist family therapists with integrating their feminist awareness into their professional practice. Reading feminist literature, talking with peers, and experiencing therapy from the point of view of being a client were among the ways noted. Most participants indicated that they had no role models to follow, but that they were influenced by the feminist movement within the family therapy field, an example for them of how the personal is political.

Step 4: Consolidation of personal and professional identity.

At the time they were interviewed, all participants had come to a place in their lives where they self-identified both personally and professionally as feminists.

Question 2: How do you DO feminist family therapy?

1. Encourage a nonhierarchical client-therapist relationship.

Some of the ways these therapists did this was to consider clients experts on themselves, to appropriately self-disclose, and to avoid labelling clients.

2. Include gender as a topic in therapy.

The research participants said they asked questions about their clients' gender beliefs and the source of their beliefs, helped their clients evaluate the impact of gender role stereotyping on their lives, and made clients aware of the connection between gender stereotypes in their private lives and the culture-at-large.

3. Encourage egalitarian relationships.

Respondents discussed issues of power and decision-making with couples. They also encouraged open communication and the expression of feelings by both genders. Even when traditional roles were reversed and the woman seemed to have more power in the couple relationship, these therapists still had the goal of equality and balance between the partners.

4. Affirmation of women, their experiences and ways.

Participants stated the belief that women needed to be validated in therapy because Western culture as a whole does not value women and their experiences. Ways that they affirmed women included taking women seriously rather than discounting them, pointing out client strengths, noting client's progress, and reframing what society might consider a weakness as a strength. They rejected women-blaming words in the family therapy field such as "enmeshment," and they enabled women to express their anger in constructive ways rather than pathologizing their anger.

5. Empowering clients to change and supporting social change.

These feminist family therapists were personally active in feminist causes, and they believed in empowering their clients to make changes and take control of their

lives. They helped clients explore alternatives that included nontraditional lifestyles, they were alert to signs of abuse and were ready to assist clients with ending any abuse in their lives, and they made clients aware of changes in their environment that might help their private lives (i.e. lobbying for parental leave-of-absence at their places of employment).

Question 3: What does it mean to you to be a feminist family therapist?

1. A passionate commitment to feminist values.

Research participants saw their feminist values as the way they were trying to make a difference in the world. They identified our civilization as patriarchal and sexist, making it imperative that gender issues be brought to people's awareness. They believed in the feminist motto "the personal is political" and saw therapy as a political process in which neutrality is impossible.

2. Congruence between the personal and professional.

Their ability to be consistent in their personal and professional lives gave these women a sense of wholeness and integrity that was deeply gratifying to them. This inner congruence is similar to the sense of spirituality defined by Iglehart (1983) and the level of constructed knowledge described by Belenky, Clinchy, Goldberger, and Tarule (1986).

3. Sensitivity to women and women's issues.

These female therapists believed in honoring women's experiences, letting women define their own reality, and linking women's personal lives to the broader political context.

4. A sense of personal and professional evolution.

Interviewees talked about an evolving sense of identity. They could describe ways their feminist beliefs had already changed them personally and professionally, and they anticipated continuing change.

5. Feminist family therapy includes men.

Research participants believed that gender role stereotypes hurt both men and women, and that both women and men needed to be empowered. Thus the feminist sense of needing to validate women did not mean excluding or degrading men. Most respondents did not advertise themselves as feminist family therapists because of the negative connotations of the word "feminist" for the general public. Many called their therapy "gender-sensitive" rather than feminist (Good, Gilbert and Schuerr, 1990).

Conclusion

In summary, this qualitative research study reveals the identity-formation process, the principles and techniques of therapy, and the meaning of the term "feminist family therapist" to a group of self-identified feminist family therapists. All data was consistent with the feminist psychotherapy and feminist family therapy literature (McGoldrick, Anderson, and Walsh, 1989; Sturdivant, 1980; Walters, Carter, Papp, and Silverstein, 1988).

For current practitioners, trainees, and supervisors, this study provides specific principles and techniques for doing feminist family therapy, but it also discloses the necessity of consciousness-raising experiences to bring an awareness of sexism in family therapy and theory as well as the assurance that feminists do not hate or exclude men when they talk about empowerment and equality.

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